

Renal Failure + Rheumatoid

- 1-Gold , Penicillamine starting ttt and within 6 month develop heavy proteinuria +++
 - 2-Amyloidosis Long standing disease proteinuria +++
 - 3-Analgesic nephropathy Eosinophilia + Creat high + modest proteinuria.
 - 4-Rheumatoid vasculitis SKIN + Creat high + RF titre high + Complement low
 - 5-FSGN active urine sediment.
- Last 3 categories Hematuria (RBCs in urine).

PTFactor 7 ... Warfarin - Liver.

PT + PTT Factor 2 - 5 - 10

PT + PTT + normal PLT Warfarin - vit K.

PT + PTT + ↓ PLT DIC - Liver.

PTT + bleeding Hemophilia - vWD.

PTT + no bleeding ... Factor 11 - 12

PTT + ↓ PLT DIC - Liver - APS.

DIC ↑ PT , ↑ PTT , ↑ Bleeding time , ↑ FDP , ↑ D-dimer ... But ↓ PLT, ↓ fibrinogen

TSH ↑ .. T4 ↓ 1ry hypo.

TSH ↑ .. T4 normal Subclinical hypo. - Amio - lithium - poor thyroxin compliance

TSH ↑ .. T4 ↑ TSH secreting adenoma - poor thyroxin compliance

TSH ↓ .. T4 ↑ Thyrotoxicosis

TSH ↓ .. T4 ↓ 2ry hypo - sever SES

TSH ↓ .. T4 normal Subclinical hyper - Steroids - dopamine - early preg.

TSH ↓ .. T4 normal .. T3 ↑ T3 thyrotoxicosis

TSH normal .. T4 normal .. T3 ↓ Mild SES

T4/T3 = 30 If 70 Factitious thyrotoxicosis.

■ Addison .. BP low .. Na low .. K high .. Ca high

■ RAS .. BP high .. K low .. Renin high .. Aldo high

■ Conns .. BP high .. Alkalosis .. Na high .. K low .. Renin low .. Aldo high

■ Cushing .. BP high .. Alkalosis .. K low

■ Pseudohypoaldo 1 .. BP low .. K low .. Renin high .. Aldo high

■ Pseudohypoaldo 2 .. Gordon .. BP high .. K high .. Renin low .. Aldo low

■ Apperant mineralocort. excess .. BP high .. Alkalosis .. K low .. Renin low .. Aldo low.

■ Glucocot. remediable aldosteronism .. BP high .. Alkalosis .. Low renin .. High aldo

■ Liquorice = apperant mineralocort. excess

■ Bartter .. Baby .. BP normal .. K low .. Cl low .. Ca Urine high .. Renin high .. Aldo high

■ Gitelman .. Gentelman .. BP normal .. Alkalosis .. K low .. Cl low .. Ca urine low .. Renin high .. Aldo high

■ Liddle .. BP high .. Alkalosis .. K low .. Renin low .. Aldo low

Anemia in CKD (pre-dialysis and peritoneal dialysis):

Feritin >100 and T.sat >20% EPO.

Feritin < 100 or T.sat <20% ... Iron.

Anemia in CKD (hemodialysis):

Feritin >200 and T.sat >20% EPO.

Feritin < 200 or T.sat <20% ... Iron.

Headache .. Neck pain .. Lt hemiplegia Think carotid A. Dissection.

- ppt Neck trauma ➡ fracture base.

- Carotid A. Dissection Contrast arteriography.
- If not available Doppler or MRA.

MRI show MS , no sympt except headache , neuro exam normal No ttt.

Polmyo resist to CS , > 50 yrs Inclousion body myo.

Optic neuritis = 50 % will develop MS.

- if multiple MRI lesion + optic neurotis this can ↑ to 75.
- if no MRI lesion + optic neuritis alone this can ↓ to 25.

Stroke in young MELAS , CADASIL , PFO , SLE , APS , Bhcet , PNH , TTP/HUS , Vasculitis , Nephrotic , homocystinuria , Factor V Leiden , AV malformation , PKD with aneurysm , SCD.

Epileptic fit not vasovagal if Headache Post event , Ms pain , oral damage , confusion , Long duration , fecal rather than urinary incont. , all limb jerking.

FUO , wt loss , HSM , murmur Inf or hemato malig.

FUO , wt loss , HSM , murmur BM Bx.

- Greece Think leishmaniasis.
- Leishmaniasis Leishmania skin test.
- IEC Spleen not HSM.
- Dont do splenic aspirate in rapidly enlarging spleen.

MST = oral morphin solution x 6

MST = immediate release morphin x 6

Forgot warfarin dose Take it when remember.

Forgot warfarin dose for 1 day Take her usual dose.

Nurse with rash Think latex.

Hb SS Rx , no spleen

Hb Sβ Spleen , target cells , microcytic.

Hb SC Spleen , target cells.

Hb AS Normal.

Shock , MI LVF , Tamponade , RVI , MR , VSD.

- LVF , Tamponade , RVI CVP ↑
 - LVF , Tamponade PCWP ↓ TEE.
 - MR , VSD CVP normal PCWP ↑ TTE.
- LVF , MR , VSD IABP.
- RVI Fluids.

MCC of death in SCD Infections.

Early sign of NPDR Microaneurysms.

Hallmark of PDR New vasc.

PRL > 6000 + Sympt Pit MRI.

PRL > 6000 + no Sympt Precipitate IgG with PEG.

↑ PRL sympt Visual , headache , infert/ameno.